City of Cayce South Carolina

Planning Commission Zoning Map Amendment

Date Filed :	Request No. :
Fee:	Receipt No :
	y be initiated by the property owner(s), Planning Commission, Zoning Administrator, shalf of the property owner(s), all owners must sign. If the applicant is not an owner, of Agent section.
THE APPLICANT HEREBY	REQUEST that the property described as above be considered for rezoning from
The justification for this change is as follows:	to ws;
APPLICANT(S) [print]:	
Address : Telephone:	[business] [residence]
Interest:Owner(s):	Agent of owner(s): Other:
OWNER(S) [if other than Applicant(s)]:_	
Address:	
Telephone:	[business] [residence] [use reverse side if more space is needed;]
PROPERTY ADDRESS:	
Lot Subc	division
Tax Map No	Plat Book Page Area: [sq. ft. or acreage]
Deed restrictions/limitations on property: _	Area. [sq. ii. or acreage]
DESIGNATION OF AGENT [complete or	
i (we) nereby appoint the person named a	is Applicant as my (our) agent to represent me (us) in this request.
Date:	
	Owner signature(s)
I (we) certify that to the best of my(our) kn	nowledge that the information contained herein is accurate and correct.
Date:	
Date.	
	Applicant signature(s)
Official Use Only:	
	By; Published in Newspaper on:
PLANNING COMMISSION:	RECOMMENDATION:
CITY COUNCIL [1 st Reading]	ACTION:
CITY COUNCIL [Final Reading]	ACTION:
zoning maps and records now reflect the i	advising of Councils action. If approved a statement to the effect that our new zoning of the property. If disapproved, the reasons for disapproval, a statement same piece of property will not be accepted for a period of one (1) year from Councils